Collections are also available with several State museums as well as private museums. In order to train persons from these institution in conservation the National Research Laboratory for Observation of Cultural Property Lucknow arranges regular training programmes

Allegation against organisers of Apna Utsav and Bharat Utsav

1779. SHRI BIR BHADRA PRATAP SINGH: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether Government's attention has been drawn to an article published on pages 5-6 of Loksatta dated 16th January 1987, a Gujaratj Daily containing serious allegations and derogatory remarks against the organisers of Apna Utsav and Bharat Uts'av; and.

(b) if so, what are the details thereof-and what action' Government propose to take in the matter?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND . CULTURE IN THE MINISTRY OF HU MAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI). (a) Yes, Sir. The article titled "Anusandhan" does not contain allegations of a serious or de rogatory nature against the organisers of Apna Ustav and Bharat Utsav (Festival of India); ,

(b) The allegations are of a. personal nature as seen from the article.

Local train between, Nasik Road-Bombay VT

1780. SHRI SHANKARRAO NA RAYANRAO DESHMUKH: Will the Minister of RAILWAYS be pleased to state;

(a) whether Government propose to in troduce a fast local train between Nasik Road and Bombay V. T.; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS' (SHRI MA-DHAVRAO SCINDIA): (a) No. Sir.

(b) Does not arise.

Inland Waterways Authority of India

1781. SHRI HARVENDRA SINGH HANSPAL: Will the Minister of SURFACE AND TRANSPORT be pleased to state: -, -

(a) whether The Inland Waterways Au thority of India has recently prepared an action plan for the extensive development of inland waterways;.

(b) whether it has since submitted its report to Government;

(c) the details thereof and -reaction of Government thereto; and

(d) by when the proposed action plan report will be implemented?

THE MINISTER OF STATE OF THE MINISTRY OF SURFACE TRANSPORT (SHRI RAJESH PILOT): (a) to (d) Certain action-points have been identified by the Inland Waterways Authority of, lndia for prearatjon of a detailed paper on different scheme for development of inland waterways. The intentions enlisted therein cover setting up of Regional Offices, setting up of a national level training Institute for IWT personnel, formulation of National policy for IWT, preparation of. Master Plan Organisation of seminars, implementation of Centrally sponsored Schemes and declaration of IWT as industry.,

The Inland Waterways Authority of India has as yet to work out and submit . specific proposals in this regard.

Definition of the essential and non-essential -Medicines

- 1782. SHRI RAFIQUE ALAM; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) what is the definition of essential and non-essential medicines;

(b) whether triple antigen, tetanus toxoid, polio vaccine measles vaccine, pain killers, cough syrups, vitaminc preparations are considered essential or nonessential according to his Ministry;

(c) whether there is any criteria to de-!ermine the essentiality and non-essentiality *at* medicines;

(d) if so, the details of the same;

(e) whether it is a fact that there are number of drugs to treat one single disease;

(f) if so, On what basis the essentiality of each drug is determined; and

(g) what is the number of essential and life saving drugs being marketed in the country along with the name of each such drug?

HE MINISIER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHA-PARDE); (a) At present there is no definition of essential and non-essential medicine.

(b) Triple antigen, tetanus toxoid, polio vaccine measles vaccine, pain killers, cough syrups, vitamin preparations are considered essential for the purpose of Price control under the Drugg (Price Control) OrdeC of 1979.

(c) and Ibtoad criteria for conside of' a drug is the, prevale. the substitutes. of drugs available, the; cost factor etc.

(e) and (f) It is a 'fact, there could be number of drugs required to treat one disease. However, while some act dirctly or ths; prevention or cure of the disease, some act indirectly for giving syrnptomatic cure. The response to drugs differ from person to person and therefore, the essentiality is judged from therapeutic respons of a patient to a drug.

(g) There are 45 bulk drugs listed unde$_r$ the First Schedule under the Drugs Price Control Order 1979 for category I and II formulations, which are accordingly listed under the third schedule of the Drugs Price Control Order 1979 (copy enclosed as statement. (*See* below) esentially for purposes of Price Control.

Statement

THE FIRST SCHEDULE

{See Paragraphs 3,. 4, 6(1), 7(1)) BULK DRUGS

List of Bulk drugs (including salts caters and derivaties if. any) used in Category I and 11 formulations appearin in Third-Schedule,

Category I Formulation;

1. Aspirin
2. Benzathine Penicillin
3. Calcium PAS
4. Dapsone
5. Digoxin
6. Di-Iodohydroxyquiooiibe
7. Diptheria Toxoid
8. Hydrochlorthaizide
9. Insulin
10. fodo-Chlorophydroxyquinoline
11. Isonicotinic Acjd Hydrazide
12. Morphine Sulphate ,
13. PAS Acid
14. PAS Sodium
15.] Penicillin Potassium V (Phenoxy. Methyl Penicillin)
16. Pertussis Toxoid
17. Pethidute
18. Potassium Penicillin G.
19. Primaquin Phosphate"
20. Procaine Pencillin
21. Sodium Penicillin G
22. Streptomycin Sulphate -
23. Tetanus Toxoid
24. Thiacetazone
25. Tolbutamide*

*Added vide S. O. No 503(E) dt. 23-6-1981.

1. Amodiaquin
2. Analgin
3. Calcium B. PAS
4. Chloramphenicol
5. Chloroquine
6. Demethyl Chlorotetracydine
7. Diethylcarbamazine Citrate
8. Frusemide
9. Glyceryl Trinitrate
10. Oxyterracycline
11. Phenobarbitone
12. Phthalyl Sulphathiazone
13. Piperazine.
14. Prednisolone
15. Frimaquin**
16. Pyrodlidine Methyl Tetracycline , 17. Quinine
18. Sulphadimidine
19. Tetracycline
20. Tolbutamide

Sale of black listed drugs in the country

1783. SHRI RAFIQUE ALAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of black listing of 42 drugs prepared by International Organisation. of Consumer Unions on the request of United Nations General Assembly which are either banned or allowed on restricted basis in most of the countries;

(b) whether it is also a fact that hazards dangerous effects of each drug have also been spelt out;

** Omitted vide S. O. No 505(E) dt. 23-6-1981.

(c) what is the number of those drugs that are being marketed in India;

(d) whether it is a fact that alternative drugs to these are available;

(e) if so what are the reasons for allowing the continuity of marketing of these drugs; and

(f) what steps have been taken to pro vide information about the dangerous effects of these medicines, to medical profession and patients who use these medidins?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The Consumer Interpol, a consumerist agency set up in August 1982 to "Police global trade in dangerous products" has drawn up a "blacklist* of products banned or withdrawn in one or more markets, which includes 25 drugs products covering 41 brands of these drug products.

(b) In the said said list, under the heading "Interpols comments" the characteristic side effects toxic effects of these drugs in vulnerable population as reported in the litrature have been given.

(c) Out of the 25 drugs figuring in the Consumer "blacklist", 12- drugs continue tot be marketed in India.

(d) Although alternative member drugs in the same therapeutic class are available, yet one member is not a substitute for another is they are prescribed by medical experts for definite disease condition.

(e) Government in consultation with experts take a decision for continued marketing of the drug keeping in view the incidence of similar adverse reaction in the country, the prevalence of the disease for which the drug- is prescribed the local needs, and the benefit risk factor.

(I) Some of the, characteristic side effects of the drugs mentioned in the list figure under the heading "side effcts" in the package insert and the promotional literature of different members of these drugs